Case 12-38596-elp7 Doc 2 Filed 11/16/12

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Felix Ivan Rodriguez-Chavez	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	\Box The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

		Part II. CALCULATION OF M	ON	NTHLY INCO	ME FOR § 707	(b)(7) E	XCLUSION		
		Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
	a. \square Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
		Married, not filing jointly, with declaration								
2		"My spouse and I are legally separated under purpose of evading the requirements of § 707								
		for Lines 3-11.	(0)(2	2)(A) of the bankit	ipicy Code. Comp	iete oi	пус	olulili A (Dei	otoi	s income)
		Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou				ne 2.b	abo	ve. Complete b	oth	Column A
	d. \square	Married, filing jointly. Complete both Colu	ımn	A ("Debtor's Inco	ome'') and Column	B ("S	pou	se's Income'')	for l	Lines 3-11.
		gures must reflect average monthly income re					(Column A		Column B
		dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied						Debtor's		Spouse's
		nonth total by six, and enter the result on the a			, you must divide in	e		Income		Income
3		s wages, salary, tips, bonuses, overtime, con					\$	5,196.67	\$	0.00
		me from the operation of a business, profess			Line h from Line a	and	φ	3,190.07	φ	0.00
		the difference in the appropriate column(s) of				and				
	busin	ess, profession or farm, enter aggregate numb	ers	and provide details	on an attachment.					
		nter a number less than zero. Do not include	any	part of the busine	ess expenses entere	d on				
4	Line	b as a deduction in Part V.		Dalata ii	C					
	a.	Gross receipts	\$	Debtor 0.00	Spouse	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00		0.00				
	c.	Business income	Su	btract Line b from	·		\$	0.00	\$	0.00
	Rent	s and other real property income. Subtract	Line	b from Line a and	enter the difference	e in				
	the ap	ppropriate column(s) of Line 5. Do not enter	a nu	mber less than zero	o. Do not include a					
_	part	of the operating expenses entered on Line b	as	a deduction in Par	1					
5		Ta .		Debtor	Spouse					
	a.	Gross receipts	\$	0.00 0.00		0.00				
	b. c.	Ordinary and necessary operating expenses Rent and other real property income		btract Line b from		0.00	\$	0.00	\$	0.00
6	1	<u> </u>	Бu	bract Line b from	Line a					
	-	est, dividends, and royalties.					\$	0.00		0.00
7		ion and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, on the debtor or the debtor's dependent								
8										
	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;									
	if a p	ayment is listed in Column A, do not report the	nat p	payment in Column	B.		\$	0.00	\$	0.00
		inployment compensation. Enter the amount in								
		ever, if you contend that unemployment comp fit under the Social Security Act, do not list th								
9		but instead state the amount in the space belo		nount of such comp	bensation in Column	1 A				
		mployment compensation claimed to								
		benefit under the Social Security Act Debto	r \$	0.00 Sp	ouse \$	0.00	\$	0.00	\$	0.00
	Incor	me from all other sources. Specify source and	d an	nount. If necessary	. list additional sou	rces				
		separate page. Do not include alimony or sep				ur				
		se if Column B is completed, but include all								
	maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or									
10		estic terrorism.	IuIII	amity, or as a victin	i or international of					
				Debtor	Spouse					
	a.		\$		\$					
	b.		\$		\$					
		and enter on Line 10					\$	0.00	\$	0.00
11		otal of Current Monthly Income for § 707(b					¢.	E 106 67	¢	0.00
	Colu	mn B is completed, add Lines 3 through 10 in	Col	lumn B. Enter the	total(s).		\$	5,196.67	3	0.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		5,196.67				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.						
14	Applicable median family income. Enter the median family income for the applicable state and household size (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: OR b. Enter debtor's household size: 5	\$	73,450.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the						
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Part	s iv, v, vi, and vii (or this	statement only if required.	(See Line 15.)	
	Part IV. CALCULA	ATION OF CURI	RENT	MONTHLY INCOM	ME FOR § 707(b) (2)
16	Enter the amount from Line 12.					\$
17						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
				EDUCTIONS FROM s of the Internal Revenu		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependants whom					
	Persons under 65 year		2	Persons 65 years of age		
	a1. Allowance per person b1. Number of persons c1. Subtotal	1	a2. b2. c2.	Allowance per person Number of persons Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	

B22A (Official Form 22A) (Chapter 7) (12/10)

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero.	ty and family size (this information is burt) (the applicable family size consists of leral income tax return, plus the number of al of the Average Monthly Payments for any				
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$ \$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$			
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.					
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)					
23	□ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lir the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	\$				

B22A (Official Form 22A) (Chapter 7) (12/10)

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as ro Do not include discretionary amounts, such as voluntary	etirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total ave life insurance for yourself. Do not include premiums for in any other form of insurance.		\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total aver childcare - such as baby-sitting, day care, nursery and presch	rage monthly amount that you actually expend on nool. Do not include other educational payments.	\$		
31	Other Necessary Expenses: health care. Enter the total aver health care that is required for the health and welfare of your insurance or paid by a health savings account, and that is in include payments for health insurance or health savings a	rself or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you				
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$		
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your				
34	dependents.				
	a. Health Insurance \$				
	b. Disability Insurance \$ c. Health Savings Account \$		\$		
	C. Health Savings Account \$\\$ Total and enter on Line 34.	<u>)</u>	Ф		
	If you do not actually expend this total amount, state your below: \$	r actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or fami expenses that you will continue to pay for the reasonable and ill, or disabled member of your household or member of you expenses.	d necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age. documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standard Counter Cou	nce at a private or public elementary or secondary You must provide your case trustee with plain why the amount claimed is reasonable and	\$		

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Stand or fro	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$
40			s. Enter the amount that you will continuous organization as defined in 26 U.S.C. §			e form of cash or	\$
41	Total	l Additional Expense Deducti	ons under § 707(b). Enter the total of I	Lines 3	34 through 40		\$
			Subpart C: Deductions for De	bt Pa	ayment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	a.	Name of Creditor	Property Securing the Debt	\$	•	Does payment include taxes or insurance? □yes □no	
				To	otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					\$	
44	prior	ity tax, child support and alimo	claims. Enter the total amount, divided by claims, for which you were liable at the chas those set out in Line 28.				\$
45		Projected average monthly Current multiplier for your issued by the Executive Off information is available at with bankruptcy court.)	es. If you are eligible to file a case under by the amount in line b, and enter the re- Chapter 13 plan payment. district as determined under schedules ice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of ative expense of Chapter 13 case	\$ x		expense.	\$
46	Total	Deductions for Debt Paymer	nt. Enter the total of Lines 42 through 45	5.			\$
			Subpart D: Total Deductions f	rom	Income		
47	Total	l of all deductions allowed un	der § 707(b)(2). Enter the total of Lines	33, 4	1, and 46.		\$
		Part VI. I	DETERMINATION OF § 707(I	b)(2)	PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (C	urrent monthly income for § 707(b)(2	3))			\$
49	Ente	r the amount from Line 47 (T	otal of all deductions allowed under §	707 (b	0)(2))		\$
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Line	e 48 aı	nd enter the resu	lt.	\$
51	60-m	-	r § 707(b)(2). Multiply the amount in Li	ine 50	by the number	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Compl	ete the remainder of Part VI (L	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.2	25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as di	rected.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CI	LAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description	Monthly Amour	nt				
	a. \$,					
	b. \$						
	c. \$						
	d. \$		4				
	Total: Add Lines a, b, c, and d \$						
	Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true	ue and correct. (If this is a join	t case, both debtors				
57	must sign.) Date: November 12, 2012 Signature: /s/ Felix Ivan Rodriguez-Chavez						
31	Felix Ivan Rodriguez-Chavez						
	(Debtor)						

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **05/01/2012** to **10/31/2012**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Trashco Services

Year-to-Date Income:

Starting Year-to-Date Income: \$16,976.00 from check dated 4/30/2012 Ending Year-to-Date Income: \$39,428.00 from check dated 10/31/2012

Income for six-month period (Ending-Starting): \$22,452.00 .

Average Monthly Income: \$3,742.00.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: CBM Systems, LLC

Year-to-Date Income:

Starting Year-to-Date Income: \$5,952.00 from check dated 4/30/2012. Ending Year-to-Date Income: \$14,680.00 from check dated 10/31/2012.

Income for six-month period (Ending-Starting): \$8,728.00.

Average Monthly Income: \$1,454.67.